



**The Federal Communication Commission's Pilot Program
for Enhanced Access to Advanced Telecommunications and
Information Services**

Rural Health Care Support Mechanism, WC Docket No. 02-60

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1. PROJECT GOAL

To establish a broadband network in Louisiana to provide both rural and urban providers with necessary connectivity to support the Presidential Goal of widespread adoption of EHRs by the year 2014 and the creation of a nationwide broadband network. Louisiana could benefit the most from this enhanced access to care resulting in improvements in the overall health of its population which now ranks last among all of the states in the nation (<http://www.unitedhealthfoundation.org/ahr2006/Findings>)

This will be accomplished thru enhanced utilization of:

1. Telehealth which will connect multiple health care providers to both the medically underserved and a number of government research institutions. This network will also serve as a Telehealth access point to a number of academic, public, and private health care institutions that are repositories of medical expertise and information.
2. Telemedicine applications which would allow patients to access critically needed medical specialists in a variety of practices, including cardiology, pediatrics, and radiology.
3. Rapid & coordinated response to a crisis thru agencies such as Louisiana Emergency Response Network. (LERN)

2. PROJECT OVERVIEW

“The Louisiana Health Care Redesign Collaborative came into being as a result of House Concurrent Resolution 127, enacted by the Louisiana Legislature during the 2006 regular session. The Collaborative was formed in response to the impact of Hurricane Katrina on the health care system in the greater New Orleans area and its implications on the state as a whole. The charge of the Collaborative is to recommend a practical blueprint for a health care system for New Orleans Region 1 that is driven by quality and incorporates evidence-based and accepted standards of care. This blueprint will not only pertain to New Orleans Region 1 but will also guide overall health care policy and systems development statewide.” (Louisiana Health Care Redesign Collaborative, Concept Paper for a Redesigned Health Care System for Region 1 – for CMS submittal 10/20/2006)

Shortly after the submission of the Redesign Collaborative Concept Paper, the Secretary of the Department of Health and Hospitals convened a small workgroup to advise the department on how to proceed with the Louisiana Health Care Quality Forum (LHCQF). Specific recommendations were:

- 2.1. Population Health Management and Quality Improvement
The forum will focus on the improving quality across the full continuum of care by examining process and outcomes data at the population level.
- 2.2. Medical Homes and the ICIC Care Model
The medical home care model is provider driven and “has as its central focus the needs of the patient and family, and is guided by personal primary care provider who partner with the patient to coordinate and facilitate care in order to help patients navigate the complexities of the health care system”
- 2.3. Health Information Technology (HIT) Development in Louisiana
The massive shift of population and loss of medical information after Hurricanes Katrina and Rita made clear the need for interoperable electronic health information in Louisiana. At least 14 major efforts are currently working in the

state such as the ONC funded Louisiana Health Information Exchange (LaHIE), the AHRQ funded Bayou Teche Community Health Net (ByNet) and the CMS Doctor's Office Quality IT Project. In addition several large private multi-site systems in Louisiana connect thousands of health providers electronically through proprietary networks. *Despite this activity, most providers – especially those in rural areas or in solo practice – do not have access to electronic health information and most Louisiana consumers do not yet fully benefit from HIT/HIE.* [Health Information Security & Privacy Collaboration (HISPC) Final Assessment of Variation and Analysis of Solutions Report]

Two RHIOs have announced their formation and are considered to be in process. Three additional RHIOs are planned and once operational, will participate in a statewide information exchange.

Louisiana State University (LSU), with its partners, is the largest provider of health care in Louisiana, with more than 1.2 million patient visits annually to 283 outpatient clinics and 49,000 admissions to the eight Health Care Services Division (HCSD) hospitals. HCSD relies on the distributed expertise located at different medical centers across Louisiana. Advanced telemedicine technologies are capable of bringing the displaced specialty providers residing in the various locals together with the general patient as well as prison patients requiring specialty services.

LSU-HCSD heavily depends on network access to all of its hospitals, clinics, and the Internet for the provision of healthcare. Access to system-wide results reporting, a system-wide lab system, a system-wide pharmacy system, system-wide telemedicine, and a system-wide master patient index (MPI) are just a few of the applications that span the hospitals. HCSD must upgrade its network to accommodate major projects that will connect the hospitals further and ensure a higher quality of care and patient safety. Four of the major new systems to be implemented are a system-wide Radiology Information System (RIS)/Picture Archival and Communications System (PACS), a system-wide Telemedicine Expansion Project (TXP), an Emergency Department Information System (EDIS), and an Electronic Medical Record (EMR) that will provide valuable connectivity for all ten of the LSU hospitals across Louisiana. These systems will improve the availability of health information for the citizens of Louisiana as part of a comprehensive reform of healthcare in the state.

3. PILOT PROGRAM OVERSIGHT AND OPERATIONS

The Louisiana Department of Health and Hospitals will be responsible for the project. However recognizing the importance and far reaching effects of this project will manage through an oversight committee. This committee will:

- Provide overall direction
- Select the participating facilities
- Assure connectivity to support the Telemedicine programs
- Financial management and reporting

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- Project Management

3.1. Members

- Department of Health and Hospitals (DHH)
- Louisiana Rural Hospital Coalition (LRHC)
The Coalition represents the interests of Louisiana's small rural hospitals. Membership is limited to hospitals of 60 beds or less and/or serving parishes with populations of 65,000 or fewer residents.
- Louisiana Hospital Association (LHA)
The Louisiana Hospital Association is a not-for-profit association representing all types of hospitals and healthcare systems throughout the state. LHA carries out its mission by providing services and resources to members through advocacy, education, research, representation and communication.
- Louisiana Department of Medicaid
- Louisiana State Medical Society (LSMS)
The Louisiana State Medical Society is a voluntary association of physicians providing leadership for the advancement of the health of the people of Louisiana and serving as the premier advocate for patients and physicians.
- Louisiana State University Health Sciences Center – Shreveport (LSUHSC-S)
- Louisiana State University Health Sciences Center – New Orleans (LSUHSC-NO)
- Louisiana Public Health Institute – LPHI
The Louisiana Public Health Institute goal is to promote and improve the health and quality of life in Louisiana through public-private partnering at the community, parish and state levels.
- Louisiana RHIOs
 - Southern Alliance RHIO
 - North Louisiana Network Act (NLNA) RHIO
 - Louisiana Health Information Exchange (LaHIE)
 - Bayou Teche Community Health Net (BYNET)
- Louisiana Board of Regents
On behalf of Post Secondary Education
- Louisiana Optical Network Initiatives (LONI)

4. TELEMEDICINE

4.1. Telemedicine History and Experience

LSU-HCSD has a long history of providing telemedicine and networking services for the provision of patient care. HCSD has utilized telemedicine capabilities for delivering healthcare since 1997. A project to expand this capacity is currently being built upon the experience and current HCSD telemedicine / videoconferencing infrastructure to meet the needs of caring for patients in a dispersed post-Katrina environment. A comprehensive skill level and set of experience in all facets of the operation, administration, organization, and management of a telemedicine center assures an effective ‘business model’ for delivering telemedicine services and linking patients, prisons, and healthcare providers. The practices, policies, procedures, and protocols necessary for efficient and orderly operation are readily in place and can be scaled to expand to meet the needs of the eight HCSD medical centers, the related clinics, and the prison population of 13 State

correctional facilities. Telemedicine and distance technologies are considered to be essential to the provision of healthcare for HCSD.

HCSD relies on the distributed expertise located at different medical centers across Louisiana. Advanced telemedicine technologies are capable of bringing the displaced specialty providers residing in the various locals together with the general patient as well as prison patients requiring specialty services.

HCSD provides prisoner healthcare in its hospitals and clinics. Some care is already achieved through telemedicine and will be expanded for the efficiencies gained by not having to take prisoners to multiple sites thus avoiding travel costs, mileage, coordination, and CO Officer's manpower.

4.2. LSU-HCSD Broadband Use

Louisiana State University (LSU), with its partners, is the largest provider of health care in Louisiana. Louisiana's public hospital system is one of the oldest in the nation, dating back to 1736. LSU-HCSD provides medical services to a great majority of Louisiana's public hospital and prisoner patients by providing for patients and sharing their care across its hospitals in the state of Louisiana. The eight HCSD hospitals are:

1. Bogalusa Medical Center (BMC) and clinics in Bogalusa
2. Earl K. Long Medical Center (EKL) and clinics in Baton Rouge
3. Huey P. Long Medical Center (HPL) and clinics in Pineville
4. Leonard J. Chabert Medical Center (LJC) and clinics in Houma
5. Lallie Kemp Regional Medical Center (LAK) and clinics in Independence
6. Medical Center of Louisiana (MCL) and clinics in New Orleans
7. University Medical Center (UMC) and clinics in Lafayette
8. W. O. Moss Medical Center (WOM) and clinics in Lake Charles

LSU-HCSD heavily depends on network access to all of its hospitals, clinics, and the Internet for the provision of healthcare. Access to system-wide results reporting, a System-wide lab system, a system-wide pharmacy system, system-wide telemedicine, and a system-wide master patient index (MPI) are just a few of the applications that span the hospitals. HCSD must upgrade its network to accommodate major projects that will connect the hospitals further and ensure a higher quality of care and patient safety. Four of the major new systems to be implemented are a system-wide Radiology Information System (RIS)/Picture Archival and Communications System (PACS), a system-wide Telemedicine Expansion Project (TXP), an Emergency Department Information System (EDIS), and an Electronic Medical Record (EMR) that will provide valuable connectivity for all ten of the LSU hospitals across Louisiana. These systems will improve the availability of health information for the citizens of Louisiana as part of a comprehensive reform of healthcare in the state. Connection to LONI will also provide our hospitals and clinics with network disaster recovery capabilities not available to us today. This feature alone is critical to our continuity of services.

4.3. LSU-HCSD Telemedicine Plan

4.3.1. Patient Care

The HCSD Telemedicine Group has a project in process that involves acquiring telemedicine equipment to support the eight (8) HCSD Medical Centers and clinics, each HCSD Medical Center will have 5 exam room systems and one ED system, thirteen (13) DOC adult correctional institutions with an exam room system, a multi-point control unit, scheduling software, network services, related supplies and other incidental materials as needed. Upgraded network services are required. This Telemedicine Expansion Project (TXP) was established to employ telemedicine resources to link the various HCSD locations and partner sites in order to support several applications. This implementation is viewed as a critical and urgent requirement as HCSD continues to recover from the impacts of Hurricanes Katrina and Rita.

The plan accommodates multiple and simultaneous telehealth sessions being conducted from any/all of the Medical Centers as well as with each of the adult prison institutions. The logistics of scheduling the patients, matching available timeslots with providers, managing network resources, and incorporating the flow of related data is a challenging set of tasks. The Telemedicine Expansion Project (TXP) addresses each of these aspects and is designed to expand to meet increases in patient/prisoner population and the specific health needs or availability/location/proximity of specialists. The 'mesh' design of linking 'any to any' site also accommodates any shift or expansion of specialty services at any of the HCSD locations.

4.3.2. Graduate Medical Education

In addition to patient care, HCSD's second mission is graduate medical education. House officers with attending physician supervisors are critical to the delivery of health care in the HCSD system. Residents and students must receive appropriate educational training when they are re-deployed. This requires the provision of extended videoconferencing so that this educational experience can be appropriately provided.

Post Katrina and Rita HCSD must take steps to assure that any similar disruptions are mitigated. Several strategies have been developed. The first strategy involves decentralization of critical clinical services at multiple sites. With the next hurricane, evacuation, or disruption, critical services will remain available. Second, HCSD must change its telemedicine capabilities so that as physicians are dislocated and relocated, and as patients are dislocated and relocated, specialty consultations can remain available. Third, HCSD plans to develop surge capacity at Huey P. Long Hospital, Alexandria/Pineville, as it is the hospital most likely to receive evacuees from the other HCSD hospitals and the least likely to be directly impacted by the next storm.

When the storm hit, services had to be relocated temporarily; however, many services remain permanently relocated. These specialty services still need to be adjusted to meet the demands for specialty and sub-specialty care. The most economically sound way to meet this demand is through telemedicine. To cover the HCSD client population,

telemedicine rooms are being established in the outpatient clinics, emergency departments, intensive care units, and behavioral health units.

Because the residents will receive their training at multiple sites, a different training model is needed. The American College of Graduate Medical Education (ACGME) requires that residents' educational experiences be standardized. Accreditors are especially concerned with didactic conference attendance. The solution that will facilitate standardization is videoconferencing. Because the residents are at all HCSD locations, HCSD needs to have the appropriate videoconferencing equipment and space available at all sites. Otherwise, residents will not be able to provide care or receive appropriate training.

4.3.3. LSU-HCSD Telemedicine Plan Summary

The Telemedicine Expansion Project (TXP) involves supporting significant increases in the video presence within HCSD and the Department of Corrections. The number of endpoints is estimated to be in excess of 55, and will include a hub location equipped with an MCU (Multi Channel Control Unit) which allows for more than one conference at a time. The amount of traffic generated by the patient encounter sessions is projected to be 1,000s per year for HCSD patients. Additionally, there are over 10,000 prisoner clinic visits historically, and a significant percentage of those examinations are expected to be handled by the expanded telemedicine Project. Educational sessions for medical education will be vastly increased due to the distributed arrangement and physical locations where these departments will be housed.

The success of the telemedicine project will be measured by the utilization of the videoconferences, the decreased cost of transportation of patients and prisoners, and the improvements in patient quality of care.

4.4. LSU Health Sciences Center, Shreveport, LA Proposal

Principle Investigator: Jonathan Glass, MD; Carroll W. Feist Professor of Cancer Research and Director, Feist-Weiller Cancer Center, LSUHSC.

Telemedicine will be used to allow the expertise of the Feist-Weiller Cancer Center (FWCC) to be utilized by physicians and other health care providers at distant sites for the purposes of cancer prevention and control. Three distinct projects are planned. To enable these projects, telemedicine sites will be installed in the 23 rural hospitals in northern and central Louisiana which serve as the primary medical home for the rural population of this part of Louisiana. At the two secondary levels state hospitals, E. A. Conway Medical Center (EAC) in Monroe, Louisiana and Huey P. Long Medical Center in Pineville, Louisiana, where telemedicine is currently available, digital mammography and a microscope with digital video camera will be installed.

Project 1: Review of abnormal data.

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In health screening in general, and cancer screening in particular, a common problem is the appropriate next step in handling abnormal laboratory and radiology results, e.g. a “mildly elevated” PSA, an abnormal Pap smear, a new onset anemia, or abnormal chest x-ray. The FWCC will have “call” hours with oncologists present to provide consultative services for health care providers in the primary medical homes and to expedite referral, if necessary, by having access to the clinic scheduling at FWCC, or the two secondary hospitals if warranted.

Project 2: Real-time reading of mammography.

A major problem in Louisiana is a low rate of screening for breast cancer which is estimated by the Centers for Disease Control to be about 5%. The causes of the problem are multifactorial including a rural population, poverty, and low educational levels. The problem is compounded in turn by the relatively higher rate of repeat scans that occur with film versus digital mammography. Both FWCC and EAC have pioneered a very successful screening program called Partners in Wellness (PIW) which has increased breast cancer screening to greater than 40%. To bring these benefits to additional women PIW will be extended to Huey P. Long Medical Center and improved at EAC by the addition of digital mammography equipment with output linked to the FWCC for real-time reading. As a consequence screened individuals can be given the results while still present at the screening clinic. Contacting patients in the rural areas, especially the indigent, to arrange medical care can be difficult. Appointments for medical care can be scheduled for patients with abnormal results before the patient leaves the clinic.

Project 3: Telemedicine Tumor Boards and Enrollment on Clinical Cancer Research Trials.

Since Hurricane Katrina, LSUHSC in Shreveport is the only hospital able to provide tertiary care for the indigent of Louisiana. Many patients from rural areas throughout the state are traveling long distances, sometimes hundreds of miles to receive medical care. The time off from work and long travel distances for care result in some patients not being able to keep appointments for treatment and consequently treatment for their cancer is compromised. Telemedicine Tumor Boards will provide patients the opportunity to receive state of the art cancer care in their community. The patients’ local physicians will be able to discuss cancer treatment with FWCC physician experts, and patients will have access to the newest therapies through participation in National Cancer Institute clinical trials. All new cases of cancer at EAC and HP Long will be presented at the Telemedicine Tumor Boards with pathology and radiology reports to determine the best treatment strategy and clinical study eligibility for each patient. Telemedicine Tumor Boards and participation in clinical trials can be conducted at the rural hospitals throughout the state, which will allow many patients to receive medical care and participate in clinical trials at their local hospital.

4.5. Non-Profit Plans

Baton Rouge General Hospital and Our Lady of the Lake are in the process of developing Telemedicine programs

4.5.1. Our Lady of the Lake - Baton Rouge, LA

Mobile Virtual Critical Care (MVCC) is a project that provides virtual monitoring and consultations for Intensive Care Unit patients. The monitoring is accomplished via a mobile cart or the ICU room can be “hardwired” for the monitoring purposes. The mobile platform consists of a cart that is comprised of different components connected to a network via an Ethernet connection. A traditional electrical outlet powers the cart.

The hardware components of the cart include a portable Spacelabs monitor which provides real time monitoring of heart rate, blood pressure either by blood pressure cuff or an intra-arterial catheter placed in the patient’s artery, respiratory rate, oxygen saturation, and when needed hemodynamic monitoring via a pulmonary artery catheter that monitors cardiac output, pulmonary artery occlusion pressure, mixed venous oxygen saturation, and provides calculations of oxygen delivery, oxygen consumption, left ventricular stroke work, right ventricular stroke work, systemic vascular resistance, and pulmonary vascular resistance; a Sony videoconferencing camera and microphone for overall inspection of the patient, audiovisual communications with the referring physician, nurse, or family members, an AMD 3600 high-resolution camera for close inspection of the patient for physical exam purposes, an otoscope, a digital stethoscope, an Olympus bronchoscope, a laptop computer, and a codec component that converts visual signals into digital signals for transmission across the network. The software utilized for the electronic medical record is Pownote from Cerner. This portion allows the physician and nurse to have immediate access to clinical documents (real time vital signs, IV fluids, medications, allergies, the initial history and physical exam, consultation documents, laboratory data, and roentographic data). In those hospitals that do not have Pownote technology, a Certified Data Technician in the remote site will manually add this data into the computer system.

5. STATEWIDE STRATEGY

It is a known axiom that patients select health care locally, when available. When it is not available locally the next selection is regionally. To move the concepts mentioned in section 2 - *Overview*, to reality, the state is developing a Northern Network and a Southern Network. To support this strategy Senate Bill No. 111 – LSUHSC-S/RURAL HOSPITAL NETWORK ACT has been introduced and is now in committee. This bill will provide the funding to pay for the facilities 15%, required by the grant, and to maintain the network.

In light of Louisiana’s experiences with Hurricanes Katrina and Rita it is essential that any network design include Disaster Response. To that end the grant is asking for monies to fund satellite technologies, in some areas, to explore this as a multi-use communication method.

5.1. RHIO – Louisiana Health Exchange (LaHIE)

The objective is to have approximately 5 RHIOs in the state. Two RHIOs have announced their formation and are considered to be in process. These RHIOs, once operational, will participate in a statewide information exchange. This will include the North Louisiana Network Act (NLNA) described in section 5.2. Patient data from each

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RHIO will be used to populate LaHIE with a minimum dataset for each patient. This minimum patient data set will include, but not be limited to, an Enterprise MPI (Master Patient Index) which shall be comprised of data from all patients who have received treatment. This data set is defined (at a minimum) to include: Name, Date of Birth, Social Security Number, Primary Care Physician, known allergies, and medications. This dataset may also include test results/reports but not the actual test and radiography content. The primary use of the LaHIE dataset would be for emergency response in time of disaster - to provide displaced residents with immediate access to their critical health profile, thereby enabling them to obtain fast, appropriate medical care.

5.2. LSUHSC-S Rural Hospital Network Act (La Senate Bill No. 111)

Louisiana State University Health Sciences Center-Shreveport (LSUHSC-S) has the capability to provide substantial technical support to rural hospitals and providing rural residents with access to health services otherwise not readily available in rural areas, and has expressed its desire and willingness to partner with north Louisiana's rural hospitals in the implementation of this Part to achieve these goals.

Rural hospitals have acknowledged the benefit of such a network and are willing to partner with LSUHSC-S for such purposes. The network alliance shall include, without limitation the development of:

- a. Telehealth, which includes telemedicine, electronic medical records, digital diagnostics and distance learning.
- b. The development and utilization of evidence-based medical disease management protocols.
- c. A rural-centered system of care with strategies for addressing severe shortages of rural physicians and allied health professionals.

The network shall include to the extent practicable and mutually agreeable to LSUHSC-S and network participants, a rural rotation at the rural hospitals in connection with training programs for such physicians and allied health professionals.

Louisiana has a disproportionately high level of under and uninsured patients, many of whom reside in rural areas. One of the primary aims of this consortium is to provide access to medical specialist such as cardiology, pediatrics, radiology and oncology, without the patients having to leave their homes or their communities. It will also allow for a positive economic impact on patients who can't afford to make the trip to the Medical Centers for consultation and treatments. It will also allow for the medical management of their condition to remain local, which the patients prefer.

Louisiana confronts a number of challenges in providing primary and preventive care to rural residents and facilitating their accessing of specialized physician and tertiary care services. These challenges include, but are not limited to, the following:

- a. Lack of transportation.
- b. Information technology deficiencies.
- c. Unemployment.
- d. Poverty.

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- e. Lack of access to healthcare.
- f. Shortage of physicians and other health professionals.
- g. A high prevalence of both chronic disease and mortality attributable to such disease.

The legislature has, through enactment of the Rural Hospital Preservation Act, La. R.S. 40:1300.141 et seq., declared that it is the public policy of the state to ensure the continued viability of rural hospitals that provide most of the healthcare services to rural residents.

6. PROJECT PLAN OVERVIEW

6.1. Network Design

The essential first step is to develop the network design. Based on this network design we will be able to identify regions where access can be aggregated and technologies available for connectivity. The assumption is that this aggregation will be done regionally. However, until a comprehensive network design is completed it is not known what are the most cost-effective locations or methods to implement the dedicated network.

It is further known that a variety of technologies will be necessary to cover the state. These will be determined after the Network design. This will allow us to meet the objectives of (1) "competitively neutral", (2) "technically feasible", and (3) "economically reasonable". .

6.2. Selection Process

After the Network design is completed and the cost are finalized the Phase I sites will be selected

6.3. Installation Process

The selected sites go through the existing competitive bidding process

6.4. Lessons Learned

Document "lessons learned" identifying best practices for Phase II

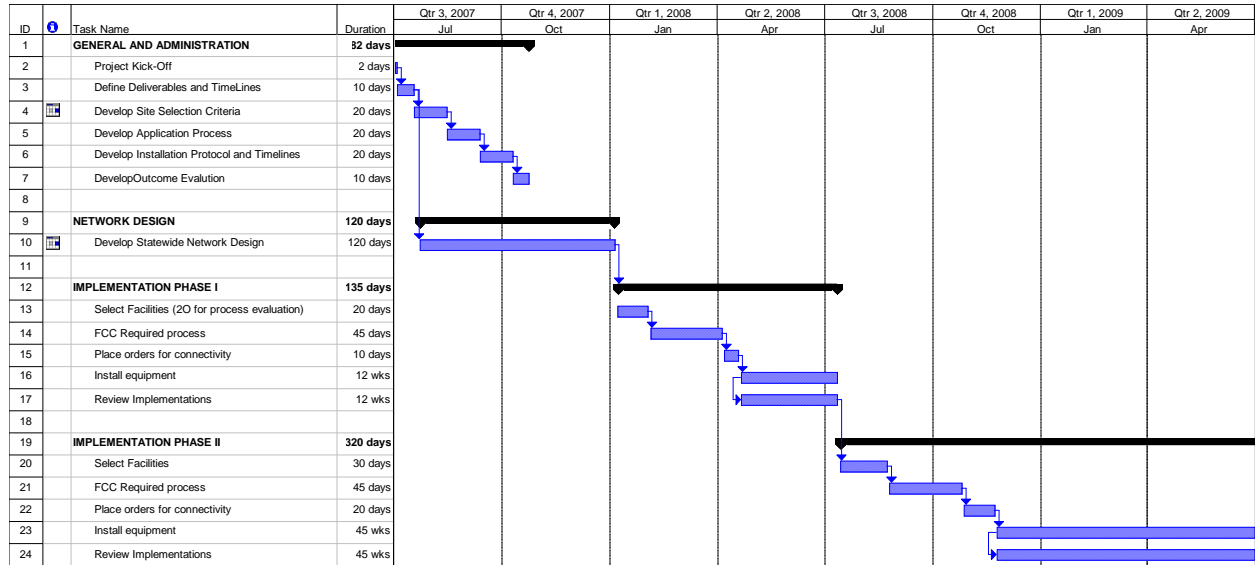
6.5. Phase II Selection

The selected sites go through the existing competitive bidding process

6.6. Installation Process completed

Project completed and documented to assist the FCC in documentation for future rulemaking proceeding changes

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7. BUDGETS AND FUNDING

7.1. Facility Funding

Each Facility has indicated a willingness to fund the 15%. It is anticipated that the rural hospitals will be funded through the LSUHSC-S Rural Hospital Network Act (La Senate Bill No. 111)

7.2. Summary budget

(Detailed attached in excel file)

DESCRIPTION	Source	Annual	Fringe	Total		
ADMINISTRATION AND GENERAL						
Personnel					Year 1	Year 2
Project Manger	Sparkhound Inc			\$ 120,000	\$ 120,000	\$ 120,000
Telecom Admin	DHH Hire	\$ 40,000	12000	\$ 52,000	\$ 52,000	\$ 52,000
Network Engineer	DHH Hire	\$ 74,000	22200	\$ 96,200	\$ 96,200	\$ 96,200
Administration Asst	DHH Hire	\$ 25,000	7500	\$ 32,500	\$ 32,500	\$ 32,500
Project Support	qty	each				
Workstation	3	\$ 1,500	\$ 4,500		\$ 4,500	
Software					\$ -	
Office	3	\$ 400	\$ 1,200		\$ 1,200	
MS Project	2	\$ 500	\$ 1,000		\$ 1,000	
SharePoint Services						
Configuration				\$ 8,000	\$ 8,000	
Webex				\$ 3,400	\$ 1,700	\$ 1,700
Lessons Learned Eval	Robert Rose Inc	80 hrs		\$ 16,000	\$ 16,000	
Total Admin & General					\$ 333,100	\$ 302,400
SUMMARY IMPLEMENTATION						
NON-RECURRING						
Network Assessment	Sparkhound Inc	\$ 427,392			\$ 427,392	
Total Installation	Sparkhound and SkyPort	\$ 3,497,190			\$ 3,497,190	
Total Equipment	Cisco	\$ 1,976,554			\$ 1,976,554	
Total Non-Recurring		\$ 5,901,136			\$ 5,901,136	
RECURRING						
Monthly Charges (annualized)		\$ 5,901,136			\$ 5,901,136	\$ 5,901,136
Equipment Maint		\$ 198,352			\$ 198,352	\$ 198,352
Total Recurring		\$ 6,099,488			\$ 6,099,488	\$ 6,099,488
Grant Totals					\$ 12,333,724	\$ 6,401,888

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8. FACILITIES

There will up to a total of 107 facilities included in this project

Facilities					
Name	Address	City	ZIP	Telephone	RUCA
Abbeville General Hospital	118 North Hospital Drive	Abbeville	70510	(337)893-5466	4.2
Christus St.Frances Cabrini Hospital	3330 Masonic Drive	Alexandria	71301	(318)487-1122	1
Dubuis Hospital of Alexandria	3330 Masonic Dr. 4th Floor Unit	Alexandria	71301	(318)448-4938	1
Hood Memorial Hospital	301 West Walnut St.	Amite	70422	(985)748-9485	7.2
Bienville Medical Center	1175 Pine Street, Suite 200	Arcadia	71001	(318)263-4700	7.4
Morehouse General Hospital	323 West Walnut	Bastrop	71220	(318)283-3600	4.2
Woman's Hospital	9050 Airline Hwy.	Baton Rouge	70815	(225)924-8101	1
Benton Rehabilitation Hospital	4660 Convention Street	Baton Rouge	70806	(225)336-1000	1
Earl K. Long Medical Center	5825 Airline Highway	Baton Rouge	70805	(225)358-1002	1
Our Lady of the Lake Regional Medical Center	5000 Hennessy Boulevard	Baton Rouge	70808	(225)765-8902	1
Baton Rouge General Medical Center	3600 Florida Blvd.	Baton Rouge	70806	(225)387-7767	1
Tri-Ward General Hospital	409 First Street	Bernice	71222	(318)285-9066	10.5
Washington-St. Tammany Regional Medical Center	433 Plaza St.	Bogalusa	70427	(985)730-6700	4.2
Magnolia Behavioral Healthcare, L.L.C.	1640 S. Columbia Street, Suite B	Bogalusa	70427	(985)735-9104	4.2
Willis-Knighton Bossier Health Center	2400 Hospital Drive	Bossier City	71111	(318)212-7000	1
St. Martin Hospital -- ICO	210 Champagne Boulevard	Breaux Bridge	70517	(337)332-2178	2
Bunkie General Hospital	427 Evergreen St.	Bunkie	71322	(318)346-6681	7.3
South Cameron Memorial Hospital	5360 West Creole Hwy	Cameron	70631	(337)542-4111	10.4
Chalmette Medical Center	9001 Patricia Street	Chalmette	70043	(610)768-3308	1
Acadia-St. Landry Hospital -- ICO	810 South Broadway St	Church Point	70525	(337)684-5435	7.3
Caldwell Memorial Hospital	411 Main Street	Columbia	71418	(318)649-6111	2
Citizens Medical Center	7939 U.S. Hwy 165 South	Columbia	71418	(318)649-6106	2
Christus Coushatta Health Care Center	1635 Marvel St.	Coushatta	71019	(318)932-2199	8
St. Tammany Parish Hospital	1202 South Tyler Street	Covington	70433	(985)898-4000	1.1
American Legion Hospital	1305 Crowley Rayne Highway	Crowley	70526	(337)783-3222	4.2
Lady of the Sea General Hospital -- ICO	200 West 134th Place	Cut Off	70345	(985)632-6401	4.2
Richland Parish Hospital-Delhi	407 Cincinnati Street	Delhi	71232	(318)878-5171	7
Beauregard Memorial Hospital	600 South Pine Street	DeRidder	70634	(337)462-7106	4

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Name	Address	City	ZIP	Telephone	RUCA
Prevost Memorial Hospital	301 Memorial Drive	Donaldsonville	70346	(225)473-7931	4.2
Union General Hospital	901 James Avenue	Farmerville	71241	(318)368-9751	2
Riverland Medical Center	1700 N. E. E. Wallace Blvd.	Ferriday	71334	(318)757-6551	7.4
Franklin Foundation Hospital	1501 Hospital Avenue	Franklin	70538	(337)828-0760	4
Riverside Medical Center	1900 South Main St.	Franklinton	70438	(985)839-4431	6
St. Elizabeth Hospital -- ICO	1125 West Highway 30	Gonzales	70737	(225)647-5000	1
St. Helena Parish Hospital -- ICO	16874 Highway 43	Greensburg	70441	(225)222-6111	10.4
Ochsner Medical Center-Westbank LLC	2500 Belle Chasse Highway	Gretna	70056	(504)391-5190	1
North Oaks Medical Center	15790 Paul Vega MD Drive	Hammond	70403	(985)345-2700	4
North Oaks Rehabilitation Hospital	1900 South Morrison Boulevard	Hammond	70403	(985)230-5700	4
Homer Memorial Hospital	620 East College Street	Homer	71040	(318)927-2024	7
Terrebonne General Medical Center	8166 Main Street	Houma	70360	(985)873-4141	1
Leonard J. Chabert Medical Center	1978 Industrial Boulevard	Houma	70363	(985)873-1285	1
Lallie Kemp Medical Center	52579 Highway 51 South	Independence	70443	(985)878-9421	5
Feliciano Forensic Facility	4448 Hwy 951	Jackson	70748	(225)634-0578	2
Villa Feliciano Medical Complex	5002 Hwy. 10	Jackson	70748	(225)634-4017	2
East Louisiana State Hospital	Highway 10	Jackson	70748	(225)342-5956	2
LaSalle General Hospital -- ICO	187 Ninth Street/Highway 84 West	Jena	71342	(318)992-9200	7
Jennings American Legion Hospital	1634 Elton Road	Jennings	70549	(337)616-7030	9.2
Jackson Parish Hospital	165 Beech Springs Road	Jonesboro	71251	(318)259-4435	7
Abrom Kaplan Memorial Hospital -- ICO	1310 West Seventh Street	Kaplan	70548	(337)643-8300	7.4
Ochsner Medical Center-Kenner LLC	180 West Esplanade Avenue	Kenner	70065	(504)464-8065	1
Southeast Regional Medical Center, Inc.	719 Avenue G	Kentwood	70444	(985)229-9193	10.5
Allen Parish Hospital -- ICO	108 6th Avenue	Kinder	70648	(337)738-2527	10.4
Lafayette General Medical Center	1214 Coolidge Avenue	Lafayette	70503	(337)289-7991	1
Our Lady of Lourdes Regional Medical Center, Inc.	611 St. Landry Street	Lafayette	70506	(337)289-2100	1
University Medical Center	2390 West Congress St.	Lafayette	70506	(337)261-6001	1
Lake Charles Memorial Hospital	1701 Oak Park Boulevard	Lake Charles	70601	(337)494-3200	1
Christus St. Patrick Hospital of Lake Charles	524 South Ryan Street	Lake Charles	70601	(337)491-7730	1

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Name	Address	City	ZIP	Telephone	RUCA
Dubuis Hospital of Lake Charles	524 S. Ryan Street, 5th Floor	Lake Charles	70601	(337)491-7752	1
W. O. Moss Regional Medical Center	1000 Walters Street	Lake Charles	70607	(337)475-8100	1
Extended Care of Southwest Louisiana	2837 Ernest Street, Building B	Lake Charles	70601	(337)436-6111	1
East Carroll Parish Hospital	336 North Hood Street	Lake Providence	71254	(318)559-4023	7
Luling Rehabilitation Hospital, Inc.	1125 Paul Maillard Drive	Luling	70070	(985)331-2281	2
St. Charles Parish Hospital	1057 Paul Maillard Road	Luling	70070	(985)785-6242	2
St. James Parish Hospital	2471 Louisiana Avenue	Lutcher	70071	(225)869-5512	7.4
Southeast Louisiana Hospital	23515 Highway 190	Mandeville	70448	(985)626-6560	1.1
DeSoto Regional Health System	207 Jefferson Street	Mansfield	71052	(318)872-4610	7.3
West Jefferson Medical Center	1101 Medical Center Boulevard	Marrero	70072	(504)347-5511	1
East Jefferson General Hospital	4200 Houma Blvd.	Metairie	70006	(504)454-4000	1
St. Francis Medical Center	309 Jackson Street	Monroe	71201	(318)327-4000	1
St. Francis Specialty Hospital	309 Jackson Street, 7th Floor	Monroe	71201	(318)327-4600	1
St. Patrick's Psychiatric Hospital	309 Jackson St.	Monroe	71210	(318)327-4686	1
E. A. Conway Medical Center	4864 Jackson Street	Monroe	71202	(318)330-7596	1
Assumption Community Hospital	135 Highway 402	Napoleonville	70390	(985)369-3600	4.2
Natchitoches Regional Medical Center	501 Keyser Avenue	Natchitoches	71457	(318)214-4427	4
Iberia General Hospital & Medical Center	2315 East Main Street	New Iberia	70560	(337)364-0441	4.2
New Orleans Adolescent Hospital	210 State Street	New Orleans	70118	(504)896-4914	1
Specialty Hospital of New Orleans	14500 Haynes Blvd.	New Orleans	70128	(504)897-8942	1
Medical Center of La. at New Orleans	2021 Perdido St.	New Orleans	70112	(504)903-0283	1
Tulane University Hospital and Clinic	1415 Tulane Avenue (HC25)	New Orleans	70112	(504)988-1595	1
Touro Infirmary	1401 Foucher Street	New Orleans	70115	(504)897-8247	1
Ochsner Foundation Hospital	1516 Jefferson Highway	New Orleans	70121	(504)842-4311	1
Ochsner Baptist Medical Center LLC	2700 Napoleon Avenue	New Orleans	70115	(504)899-9311	1
Children's Hoyspital	200 Henry Clay Avenue	New Orleans	70118	(504)896-9450	1
Pointe Coupee General Hospital	2202 False River Drive	New Roads	70760	(225)638-6331	7.1

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Facilities					
Name	Address	City	ZIP	Telephone	RUCA
Hardtner Medical Center -- ICO	1102 N. Pine Rd.	Olla	71465	(318)495-3131	10.6
Opelousas General Health System	539 E. Prudhomme St.	Opelousas	70570	(337)948-5101	4.2
Central Louisiana State Hospital	242 West Shamrock Street	Pineville	71360	(318)484-6200	1
Huey P. Long Medical Center	352 Hospital Boulevard	Pineville	71361	(318)448-0811	1
Ochsner St. Anne General Hospital	4608 Highway 1	Raceland	70394	(985)537-6841	1
Richardson Medical Center	254 Highway 3048	Rayville	71269	(318)728-4181	7.1
Lincoln General Hospital	401 East Vaughn Avenue	Ruston	71270	(318)254-2100	4
Dubuis Hospital of Shreveport	One St. Mary Place, 5th & 6th Floors	Shreveport	71101	(318)678-1066	1
Louisiana State University Health Science Center-Shreveport	1541 Kings Highway	Shreveport	71130	(318)675-5058	1
Shriners Hospitals for Children	3100 Samford Avenue	Shreveport	71103	(318)222-5704	1
Willis-Knighton Medical Center	2600 Greenwood Road	Shreveport	71103	(318)212-4600	1
Brentwood Hospital	1006 Highland Avenue	Shreveport	71101	(318)678-7500	1
Christus Schumpert Health System	One St. Mary Place	Shreveport	71101	(318)681-4500	1
Slidell Memorial Hospital and Medical Center	1001 Gause Boulevard	Slidell	70458	(985)643-2200	1.1
Springhill Medical Center -- ICO	2001 Doctors Drive	Springhill	71075	(318)539-1000	7
West Feliciana Parish Hospital	5266 Commerce Street	St. Francisville	70775	(225)635-3811	10.1
West Calcasieu Cameron Hospital	701 East Cypress Street	Sulphur	70663	(337)527-4240	1
Madison Parish Hospital	900 Johnson Street	Tallulah	71282	(318)574-2374	4
Thibodaux Regional Medical Center	602 N. Acadia Road	Thibodaux	70301	(985)493-4740	1
North Caddo Medical Center -- ICO	1000 South Spruce Street	Vivian	71082	(318)375-3235	7.1
Glenwood Regional Medical Center	503 McMillan Road	West Monroe	71291	(318)329-4200	1
Franklin Medical Center	2106 Loop Road	Winnsboro	71295	(318)435-9411	8
Lane Regional Medical Center	6300 Main Street	Zachary	70791	(225)658-4303	1

9. USE CASES

The following Use Cases are submitted in support of the Louisiana Department of Health and Hospital's application for the FCC pilot program for enhanced access to advanced telecommunications and information services

Lake Charles Memorial Hospital

I. Radiology/PACS images

With the higher bandwidth availability that would be between our Gauthier Campus and our Main Campus at 1701 Oak Park Blvd, would provide the capability to send digital radiology images from Gauthier Campus to our PACS system for a quicker turnaround time for Radiologists to read the studies instead of waiting on printed film. Also would provide the ordering Physicians the ability to review the PACS images at any designated pc at the Gauthier Campus, instead of picking up film or going to our main campus to review the digital images. We could also provide secure, PACS images for Physician review at our Iowa Health Clinic. Currently the Physician must order film and either pick up film or travel to our Radiology Department to view images. We could reduce the turnaround time of the reviewed process.

II. OB TraceVue Readings

OBTraceVue system is located at Gauthier Campus; higher bandwidth would provide capability for the system to be able to be viewed for readings and consultancy to physicians located at our Main Campus at 1701 Oak Park Blvd.

III. EMR Application

One of the cost inhibitors of purchasing an EMR system is the lack of bandwidth we have available to effectively utilize the EMR at both of our locations (Gauthier Campus and our Main Campus). By increasing the bandwidth pipeline between the facilities, we would eliminate the bandwidth issue and be closer to purchasing a system wide EMR application.

IV. Surgery Application

Surgery Scheduling through our GUI application would be able to be utilized at our Gauthier Campus. Currently our Gauthier Campus has a facility for surgical processes. However we cannot utilize our Surgery scheduling and processing application that is being used at our main campus.

Ochsner Health System
New Orleans area

1. Telemedicine

- a. Pediatric Cardiology: Ochsner provides pediatric cardiology specialty services to the following rural hospitals that do not have staff pediatric cardiologist. Our physicians work with local pediatricians and echo techs via live videoconferencing. The local echo tech under the direction of our pediatric cardiologist conduct echo studies on the infants. Real-time diagnostics are performed during the telemed encounter.
 - i. Participating hospitals:
 - 1. Leonard Chabert Medical Center, Houma, LA
 - 2. NorthOaks, Hammond, LA
 - 3. St. Francis Cabrini, Alexandria, LA
- b. Ochsner is constantly looking for ways to expand this program, but costly ISDN lease line rates, costly access to public internet ISP's and the unsecured nature of the public internet has thwarted expansion.
- c. Using the LONI network as the connecting infrastructure to healthcare facilities through out the state will provide us the vehicle to provide specialty support to more rural locations. Ochsner is interested in expanding our telemed program service line offerings, as well as expand our outreach to include more rural locations.

2. Resident education

- i. Ochsner in cooperation with LSU and Tulane provide videoconferencing services in support of the following programs (typically weekly conferences):
 - 1. General Surgery
 - 2. Internal Medicine
 - 3. OB/GYN
 - 4. Oncology
 - 5. Ophthalmology
 - 6. Orthopedics
 - 7. Neurology
 - 8. Pediatrics
 - 9. Urology
- ii. Ochsner provides these services to the following locations:
 - 1. Tulane Lakeside
 - 2. Tulane Pediatrics
 - 3. Tulane Tidewater
 - 4. LSU Baton Rouge
 - 5. LSU Lafayette
 - 6. LSU Earl K. Long
 - 7. Leonard Chabert Medical Center

Ochsner Health System – (continued)

- a. Ochsner is interested in expanding our capabilities to reach more of the LSU/Tulane medical facilities. Our joint residency programs with LSU/Tulane have residents located at LSU/Tulane facilities to which we have no connectivity. We occasionally use expensive ISDN lease line services or ask the residents to travel to another location that has connectivity. Didactic teaching is imperative to the quality and accreditation of our programs. Using the LONI network as the connecting infrastructure to healthcare facilities through out LSU/Tulane's system will provide us the vehicle to provide effective resident education support to more locations.
- b. Post Katrina, Ochsner provided resident education videoconferencing services to LSU and Tulane residents that were displaced to medical centers throughout the state and to Baylor in Houston. Access to the LONI network will provide a cost effective and wide reaching backbone that will enhance post disaster connectivity and retention of our residents.

3. Continuing Medical Education

- a. Ochsner maintains an ACCME accredited CME program. Shrinking travel budgets and increasing CME expectations is making it difficult for physicians to get their required hours. As part of Ochsner's community development initiatives, Ochsner is highly focused on reaching out to the community and rural physicians. We are evaluating effective means to deliver CME content via videoconferencing, live streaming media and archived on-demand streaming media. The high cost of adequate bandwidth, limitations with the public internet and the community/rural physicians limited access to an adequate network infrastructure is a significant roadblock. Using the LONI network as the connecting infrastructure to healthcare facilities through out the state will provide us the vehicle to get CME content to the community/rural physicians.

4. Research

- a. Our research operations group is highly focused on elevating the stature and effectiveness of our research program, increasing the number of clinical trials as well as the number of patients participating in the trials. Using the LONI network as the connecting infrastructure to healthcare/academic/research facilities through out the state and nation will provide our research investigators, coordinators and scientist invaluable access to their peers. Collaboration and access to super computer services will accelerate the capacity of Ochsners research initiatives. Collaboration and greater community awareness of our research studies will allow the rural/urban physician and ultimately patients access to cutting edge healthcare.

Franklin Medical Center
Franklin, LA

Franklin Medical Center is in the process of reviewing integrated hospital information systems to implement financial and clinical applications throughout our facility and our rural health clinics. Our goal is to have one integrated system that will connect each clinical area combining the data to create the electronic medical record for the patient. In doing so will provide the clinical staff with the most current information on allergies, medications, and other critical data concerning their patients.

Communication among rural health sites is critical at this point. By using broadband telecommunications to share critical information, view electronic radiology images, and even video conferencing with consulting physicians could improve the outcome of our patient's health. Currently at our hospital and our rural health clinics there are many upgrades that would need to be implemented in order to improve our communication ability. Phone systems upgrades, converting from DSL to T-1 capabilities, model upgrades in routers/firewall equipment, expanded switches, fiber networks, and computer upgrades are some of the improvements that will need to be made.

Franklin Medical Center's Radiology department has currently converted to digital radiology images and a teleradiology program that have improved our patient care. Improving our areas broadband communication could enable us to transmit images to our outside rural health clinics and other facilities in a faster and more efficient manner. Converting to electronic medical records is a big goal for this facility, by having an integrated hospital information system in all of our clinical areas and the ability to share this data could greatly improve healthcare for our community. One of the major disadvantages of rural areas is not having access to specialty services such as psychology, dermatology, and research facilities. Telemedicine technologies would enable communication and physician consulting in order to provide better care.

At this time it is hard to give a cost estimate on upgrading our entire network at this facility. A recent estimated network cost per year for maintaining T-1 services for this facility and our affiliated rural health clinics with one carrier was twenty-eight thousand per year for an example. Software cost for converting to an all electronic medical records is a major burden on rural hospitals and rural health clinics and will greatly increase the need for a fast, secure, network.

This facility is currently in the process of reducing cost and increasing revenue through new billing services and new clinical services. New software and technology costs are extremely high and we are hoping to build up our revenue funds to help with this costly venture.

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The following healthcare facilities will be included in the network:

Franklin Medical Center
2106 Loop Road
Winnsboro, LA 71295
318-435-9411
FAX 318-435-6519

Franklin Medical Center Rural Health Clinic-Winnsboro
2104 Loop Road Suite C
Winnsboro, LA 71295
318-435-4571
FAX 318-435-7458

Franklin Medical Center Rural Health Clinic-Newellton
104 Verona Street
Newellton, LA 71357
318-467-9949
FAX 318-467-2093

Franklin Medical Center Rural Health Clinic-St. Joseph
448 Newton Street
St. Joseph, LA 71366
318-766-8506
FAX 318-766-8571

LSU Telemedicine Grant: Franklin Medical Center was one of the rural hospitals in this area to receive a telemedicine grant with LSU. This grant included the cost of maintaining a T-1 line directly connected to LSU's network, video conferencing equipment and other digital medical equipment. This facility has participated in trauma video conferencing sessions with LSU's physicians, but due to the lack of resources this technology has not been utilized to its highest capability.

During the days and weeks after hurricanes Katrina and Rita our facility received an influx of patients from out of our parish. Many of these people were in need of prescriptions, physician contact information, and other medical needs. Broadband access to a health network to access patient's allergies, medications, and other patient history would be a great asset to our community and our state. Telemedicine consulting with physician specialists could improve our area of healthcare and keep patients in their home town.

Judy Ogden
Information Systems Director
Franklin Medical Center

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10. PROPOSAL REQUIREMENTS INDEX

NM	FCC REQUIREMENTS	Reference
1	Identify the organization that will be legally and financially responsible for the conduct of activities supported by the fund;	Project Oversight
2	Identify the goals and objectives of the proposed network;	Project Goals
3	Estimate the network's total costs for each year;	Budget
4	Describe how for-profit network participants will pay their fair share of the network costs;	For-Profits will not be included in initial build out.
5	Identify the source of financial support and anticipated revenues that will pay for costs not covered by the fund;	Funding
6	List the health care facilities that will be included in the network;	Facilities
7	Provide the address, zip code, Rural Urban Commuting Area (RUCA) code and phone number for each health care facility participating in the network;	Facilities
8	Indicate previous experience in developing and managing telemedicine programs;	TeleMedicine History
9	Provide a project management plan outlining the project's leadership and management structure, as well as its work plan, schedule, and budget;	Project Plan Project Oversight Budget
10	Indicate how the telemedicine program will be coordinated throughout the state or region; and	Telemedicine Program
11	Indicate to what extent the network can be self-sustaining once established.	Funding